

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

EMS Helicopter Response Program

**STATUTORY AUTHORITY:**

NJSA 26:2K-35

**GRANT PROGRAM NO.** 07-74-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this grant is to provide funds to maintain and operate the air medical services component of the Helicopter Response Program. The Helicopter Response Program provides rapid transportation and care for seriously injured or ill patients throughout New Jersey 24 hours per day, 7 days per week. The air medical grantees will work in concert with the New Jersey State Police, and under strict compliance of the terms and conditions of the Department of Health and Senior Services' grant.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2,400,000 should be available in SFY 2007 to fund the entire program with two awards being issued. Awards will begin on July 1, 2006 and will be made for a 12-month budget period with project periods up to three years. Funding may vary and is subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made, based on satisfactory progress and availability of funds. Applicants currently receiving Grants for this activity and that have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit organizations that are a New Jersey State designated mobile intensive care program affiliated with or in cooperation with a State designated trauma center. Only non-profit corporations or government agencies are eligible. Preference will be given to current grantees.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be a New Jersey State Mobile Intensive Care Program affiliated with or in cooperation with a New Jersey State designated Level I trauma center, or New Jersey critical care center.

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**APPLICATION PROCEDURES:**

An application for a Grant will be mailed by the Department of Health and Senior Services upon receipt of a Letter of Intent, sent to the address below. The completed application is to be returned to the Department for consideration for a grant award. For an application, write to the office address below.

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**FOR INFORMATION CONTACT:**

Karen Halupke, Director  
Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625-0360

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** Karen.Halupke@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Grant application must be received by the Office of Emergency Medical Services no later than April 1, 2006 for those grants that start on July 1, 2006.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

A notice of recommendation to award a grant will be issued on or before June 1, 2006.